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INSIDE THIS ISSUE:

| Take Part in Flu Immunization Pilot | 2 |
|---|---|
| Vaccinating Adolescents | 2 |
| VIS Updates | 2 |
| Yellow Book Updated | 2 |
| Td & Tdap for Teens & Adults | 3 |
| Varicella Vaccine | 3 |
| Childcare Rates for 2011 | 3 |
| Nurses Seminar | 3 |
| Post Exposure Part 2 of 3 | 4 |
| VFC Provider Handbook | 5 |

UP-COMING EVENTS:
****<u>Monthly IAP Call</u>
<u>May 24, 2012</u>

Montana Immunization Program

MARCH 2012





2012 National Infant Immunization Week will be April 21-28

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities. Since 1994, NIIW has served as a call to action for parents, caregivers, and healthcare providers to ensure that infants are fully immunized against 14 vaccine-preventable diseases.

For more information visit: http://www.cdc.gov/vaccines/events/niiw/index.html

Best Wishes Bekki!

After 8 years working with the Immunization Program, Bekki Wehner has accepted a new position in the Public Health and Safety Division working in Public Health Informatics. Bekki has contributed much to the Immunization Program, including oversight of the implementation of a new Immunization Information System, imMTrax, for the State of Montana. Bekki will be greatly missed, and we look forward to working with her in her new position!

Hope to see you at one of the Regional Workshops!

| April 11, 2012 | Miles City | Fort Keogh | 243 Ft. Keogh Road |
|----------------|-------------|-------------|--------------------|
| 1 / | 2 | | C |
| April 12, 2012 | Billings | Holiday Inn | 5500 Midland Road |
| April 24, 2012 | Great Falls | Hampton Inn | 2301 14th St. SW |
| April 26, 2012 | Butte | Copper King | 4655 Harrison Ave |
| May 2, 2012 | Missoula | Holiday Inn | 200 S Pattee St. |

If you have not registered, please mail in your registration form along with the registration fee. There will be a total of 5.5 nursing credits offered. If you have any questions, feel free to call 444-5580 or e-mail hhsiz@mt.gov.



Take part in flu immunization pilot

Physicians can earn up to 20 AMA PRA Category 1 Credits by participating in an AMA developed performance improvement CME pilot activity on influenza immunization.

Through this activity, the AMA aims to increase preventive care influenza immunizations administered by office-based physicians to patients age 50 and older during flu season.

The activity includes watching a webinar to two of three stages, selecting appropriate interventions, completing pre— and post— intervention chart audits and providing evaluation and feedback regarding the program. Participants must complete an online survey at the conclusion of each stage.

Physicians will be awarded five AMA PRA Category 1 Credits for completing each stage and awarded up to 20 credits for completing all stages in sequence.

There is no fee to participate. All surveys must be completed by mid-April.

For more information, please visit <u>ama-assn.org/go/pilot-flu-picme</u>

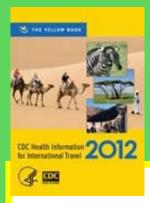
Vaccinating Adolescents

Physicians can use a new booklet to discuss vaccines with adolescent patients and their parents. "Vaccines and Teens: The Busy Social Years" is designed to help parents and teens understand which vaccines are recommended, what diseases they prevent and whether the vaccines are safe. The booklet also provides information about making teens comfortable during immunizations.

Visit ama-assn.org/go/teensvaccines.

Vaccine Information Statements (VIS)

The following VISs have been updated:
Hepatitis B, HPV, Td/Tdap.
Please visit www.cdc.gov/vaccines/pubs/vis/default.htm to view all



What famous author nearly died after intentionally exposing himself to a friend with measles?

Mark Twain nearly died from a measles infection after intentionally exposing himself to the disease when his friend Will Bowen was infected.

Yellow Book

Hot off the press! The Yellow Book is published every two years by CDC as a reference for those who advise international travelers about health risks. The Yellow Book is written primarily for health professionals, although others will find it useful.

Please visit http://wwwnc.cdc.gov/travel/page/yellowbook-2012-home.htm to receive a copy.

Is it true that ACIP no longer specifies a time interval between administering doses of Td and Tdap to teens and adults?

In January 2011, CDC issued updated ACIP recommendations for the use of Tdap vaccine. They clearly state that pertussis vaccination, when indicated, should not be delayed and that Tdap should be administered regardless of the interval since the last tetanus or diphtheria-toxoid-containing vaccine was given. To view the MMWR, please click the link:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s cid=mm6001a4



Varicella Vaccine in imMTrax

Just a reminder—If you receive Varicella vaccine from the VFC program, please call 444-5580 or hhsiz@mt.gov to have it added to your imMTrax inventory. This is the only vaccine that is not automatically imported into inventory and will need to be entered in to imMTrax by the Immunization Program.

Review of Childcare Immunization Records

The results for childcare immunization records reviewed in 2011 are finally in and the numbers are shocking!



Our county health departments reviewed 609 out of 1200 childcare facilities and looked at over 16,700 children's immunization records in Montana last year.

There were 415 "Certificate of Excellence" awards sent out to childcare providers who had a 90% or higher immunization rate in their facility. After reviewing the data, 92% of children enrolled in a childcare facility in Montana are up-to-date according to Administrative Rule of Montana (ARM) 37.95.140 requirements.

Thank you for all of the hard work that was accomplished in childcare facilities for 2011.



Upcoming Nurses Seminar

Join us for the upcoming nurse seminars on three critical topics: talking with patients about vaccines; vaccination of health-care personnel; and reducing vaccine administration errors. First, view the pre-taped webcasts, and then join the live discussions which begin on April 4, 2012. For more information on this collaboration of CDC, the American Nurses Association, National Association of Immunization Nurses and Their Associates, and the Immunization Action Coalition, please visit the nurse seminar web page.

Post-Exposure Prophylaxis to Prevent Hepatitis B Virus Infection Occupational Exposures (i.e. healthcare workers)

(This is part two of a three part series on post-exposure prophylaxis)

The Advisory Committee on Immunization Practices (ACIP) recommends that health care and public safety workers with reasonably anticipated risk for exposures to blood or infectious body fluids receive the complete Hepatitis B vaccine series and have their immunity documented through post-vaccination testing (1-2 months after completion of the 3-dose series).

After exposure to Hepatitis B virus (HBV), appropriate and timely prophylaxis can prevent HBV infection and subsequent development of chronic infection or liver disease. The mainstay of post-exposure prophylaxis (PEP) is Hepatitis B vaccine, but, in certain circumstances, Hepatitis B immune globulin is recommended in addition to vaccine for added protection.

The following table and the resource links on the next page provide information needed to assess a healthcare worker's post-exposure event and guide treatment:

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

| Vaccination and antibody response status of exposed workers* | Treatment | | | |
|---|---|---------------------------------------|---|--|
| | Source HBsAg [†] positive | Source HBsAg [†] negative | Source unknown or not available for testing | |
| Unvaccinated | HBIG ^s x 1 and initiate HB vaccine series [¶] | Initiate HB vaccine series | Initiate HB vaccine series | |
| Previously vaccinated | I | | | |
| Known responder** Known | | No treatment | No treatment | |
| nonresponder* | HBIG x 1 and initiate revaccination or HBIG x 2 ^s | No treatment | If known high risk source, treat as if source were HBsAg positive | |
| Antibody response | | N | * | |
| unknown | Test exposed person for anti-HBs ¹ 1. If adequate,** no treatment is necessary 2. If inadequate,* administer HBIG x 1 and vaccine booster | No treatment | Test exposed person for anti-HBs 1. If adequate, no treatment is necessary 2. If inadequate, administer vaccine booster and recheck titer in 1–2 months | |

^{*} Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

⁵ Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[¶] Hepatitis B vaccine.

^{**} A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥10 mIU/mL).

^{*} A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).</p>

The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

Antibody to HBsAg.

Post-Exposure Prophylaxis to Prevent Hepatitis B Virus Infection Continued..

Resources

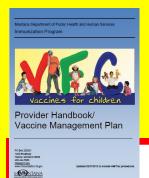
National Clinicians Post-Exposure Prophylaxis Hotline (PEPline) 1-888-448-4811 Hotline provides clinicians with 24-hour guidance on managing occupational exposures to HIV, viral hepatitis, and other bloodborne pathogens

Immunization Action Coalition, Hepatitis B and the Healthcare Worker http://www.immunize.org/catg.d/p2109.pdf

Immunization Action Coalition, Ask the Experts http://www.immunize.org/askexperts/experts hepb.asp#hcw

Information for Employers, Complying with OSHA's Bloodborne Pathogens Standard http://www.cdc.gov/niosh/docs/2009-111/pdfs/2009-111.pdf

For additional information, please contact Susan Reeser, Nurse Consultant at 444-1805.



VFC Provider Handbook

The updated *VFC Provider Handbook/Vaccine Management Plan* is now available on our website at www.immunization.mt.gov under the VFC link. Due to our imMTrax roll-out, many things have changed, and we've revised the entire manual. A paper copy of the new version will be made available to all providers either at our regional meetings in April or through the mail. Please discard your current version (revision date 04/19/11) and replace it with the new version (revision date 01/12/2012). If you choose to print a copy off the website, please note that it is designed for duplex (2-sided) printing.

Key changes are listed below:

- Integration of imMTrax procedures (throughout, but mainly in Sections 15 and 16)
- Inclusion of updated guidance on transporting varicella-containing vaccines (Section 12)
- Addition of a three-month time frame for repaying borrowed vaccine (Section 16)
- Change in the deadline for submitting monthly reports (now cold chain data and reconciliations in imMTrax) and orders from the 5th of each month to the 15th (Section 15)
- Addition of a section on Specialty Providers Family Planning Clinics, Birthing Hospitals, and Pharmacies (Section17)

As a reminder, please complete the revised Section 12, review with your staff, and post a copy on your vaccine storage units. We've provided a stand-along version of Section 12 that can be completed by computer on our website.